

XYZ Pain Management Pain Diary

Patient Name: _____ DOB: _____ Procedure Date: _____

Provider(s): _____

Medial Branch Blocks

Procedure: 1/1 1/2 2/2 Other _____

Side: Left Right Bilateral

Levels: L2-5 C2-5 C3-6

Other level(s): _____

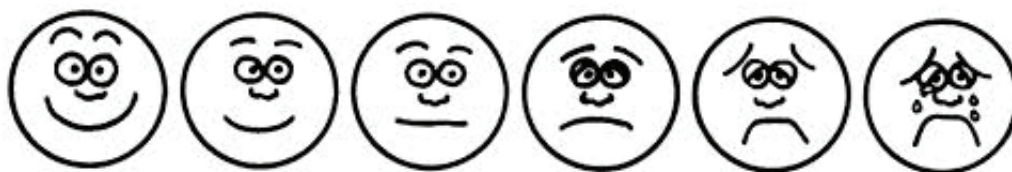
Paemaker: YES NO

Other Procedure _____

Side: Left Right Bilateral

Pre-procedure pain score: ____/10

← LESS PAIN



NO PAIN

HELPED A LOT

HELPED SOME

MINIMAL

NO RELIEF

POST-PROCEDURE PAIN RELIEF

TIME	NO PAIN	HELPED A LOT (80-100% RELIEF)	HELPED SOME (50-80% RELIEF)	MINIMAL (< 50% RELIEF)	NO RELIEF
0					
+ 1 HR					
+ 2 HR					
+ 3 HR					
+4 HR					
+ 5 HR					
+ 6 HR					

Instructions:

- ° You have had a procedure designed to make you numb in **one body area** that usually hurts.
- ° Please use this pain diary to **track how your pain changes** hour by hour.
- ° Remember, you are to only track pain relief in **the body area that was injected**.
- ° **Your pain may return at some point when the anesthetic wears off.**
- ° **Mail or fax** this form back to our office for review.
- ° FAX 555-867-5307 Mailing address: blah blah blah.

FOLLOW-UP DATE AND TIME: _____